10/16/2013 03:09 FAX

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90394 033 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

669617

DOCUMENT # J72132

1. Entity Name
MABEL HERNANDEZ MD PA Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7737 N. University Dr	7737 N. University Dr
Suite, Apt. #, etc. 108	Suite, Apt. #, etc. 108
City & State Tamarac FL	City & State TAMARAC FL
Zip FL 33321 Country USA	Zip 33321 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2988527 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Mabel Hernandez

Street Address (P.O. Box Number is Not Acceptable):
7737 N. University Dr

City: Tamarac FL Zip Code: 33321

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	Dr
NAME	Mabel Hernandez
STREET ADDRESS	7737 N. University Dr #108
CITY-ST-ZIP	TAMARAC FL 33321
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/30/02 954 7003800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #